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7590 07/14/2004

BRINKS HOFER GILSON & LIONE
 NBC TOWER- SUITE 3600
 455 N. CITY FRONT PLAZA DRIVE
 CHICAGO, IL 60611-5599

10/06/2004 HDEMESS2 00000060 09944884

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C. Noel Kaman, Reg. No. 51,857 (Depositor's name)
 C. Noel Kaman (Signature)
 September 30, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/944,884	08/31/2001	Kevin P. Baker	P2548P1C15	5993

TITLE OF INVENTION: NUCLEIC ACIDS ENCODING SECRETED POLYPEPTIDES THAT STIMULATE RELEASE OF PROTEOGLYCANS FROM CARTILAGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/14/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LI, RUIXIANG	1646	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Mark T. Kresnak

2. Elizabeth M. Barnes

BRINKS HOFER

3. GILSON & LIONE

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GENENTECH, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SOUTH SAN FRANCISCO, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies TEN (10)

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-1925 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

C. Noel Kaman 9/30/04

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